

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING **INSTRUCTIONS FOR PREVENTION SPECIALIST APPLICATION**

Prevention Specialist-in-Training Requirements:

- High school diploma, HSED or GED
- Completion of 40 hours of education and training covering the prevention domain areas. At least five (5) hours shall be in ethics.

Prevention Specialist Requirements:

- High school diploma, HSED or GED
- Completion of 240 hours of education and training covering the domain areas. 50 hours of this training shall be specific to alcohol, tobacco, or other substance abuse. At least six (6) hours shall be in ethics.
- Verification of a 120-hour practicum in the prevention domain areas with no less than 10 hours in any prevention domain area.
- Verification of 2,000 hours of supervised work experience as a Prevention Specialist-in-Training with a minimum of 100 hours of the experience in each prevention domain area.
- **National ICRC Prevention Specialist Written Exam:**
 - Required of all eligible Prevention Specialist applicants. Applicants must apply for the credential and have completed all education requirements.
 - If you have already taken the ICRC examination and received a passing score, that score will be accepted if sent directly from ICRC. Contact ICRC directly at: (717) 540-4457.
 - Must live or work in the state of Wisconsin 51% or more of the time. **(This only applies to Prevention Specialist Certification)**
- **Wisconsin Statutes and Rules Examinations:**
 - The Department will provide applicants an ID and password once the application and fees are received and reviewed.
 - The Wisconsin Statutes and Administrative Rules can be obtained from the Department website at <http://dsps.wi.gov>
- Reciprocity may be granted if the applicant for **Prevention Specialist** holds a credential from a state whose requirements are substantially equivalent to the current Wisconsin requirements. See **(Form #2786)**.

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR PREVENTION SPECIALIST

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

PLEASE TYPE OR PRINT IN INK

☐ Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name

First Name

MI

Former / Maiden Name(s)

Address (street, city, state, zip)

Daytime Telephone Number

Mailing Address (if different)

Date of Birth

Social Security #

Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.

Ethnicity/gender status information is optional.

Ethnicity:

☐ White, not of Hispanic origin
☐ Black, not of Hispanic origin

☐ American Indian or Alaskan
☐ Asian or Pacific Islander

☐ Hispanic
☐ Other

Sex:

☐ M ☐ F

Email Address

Do you live or work in the state of Wisconsin 51% or more of the time?

☐ Yes ☐ No

(This section only applies to Prevention Specialist Certification.)

☐ I currently hold a Substance Abuse credential by the Wisconsin Department of Safety and Professional Services.

Substance Abuse Credential Type(s)

WI Substance Abuse Credential Number

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- ☐ **I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)
- ☐ **PSIT Certification** (Prevention Specialist-in-Training)
\$ 75.00 Initial Credential Fee
\$ 75.00 Total Fee Attached
- ☐ **PS Certification** (Prevention Specialist)
\$ 75.00 Initial Credential Fee
\$ 75.00 Wisconsin Statute and Rules Exam Fee (This fee is not required if you have already taken and passed this exam for another substance abuse credential within the last five (5) years.)
\$115.00 ICRC Written Exam Fee (not required if passed)
\$265.00 Total Fee Attached
- ☐ **Conviction and Pending Charges Additional Fee** (This fee only applies if (Form #2252) is applicable.)
\$ 8.00 CIB Credential Fee

For Receipting Use Only (136/137)

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APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Prevention Specialist-in-Training

- Application (**Form #2745**) and appropriate fee
- Letters from all State Boards where licensed, active and inactive
- Education and Training (**Form #2781**)
- Convictions and Pending Charges (**Form #2252**), if applicable
- Malpractice Suits or Claims (**Form #2829**) and copies of malpractice suit, court documents with allegations and settlement, if applicable
- Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.

Prevention Specialist

- Application (**Form #2745**) and appropriate fee
- Letters from all State Boards where licensed, active and inactive
- Wisconsin Statutes and Rules Examination
- Taken and passed the International Certification and Reciprocity Consortium (ICRC) Prevention Specialist examination taken through DSPS, WCX, or other certifying agency.
- Education and Training (**Form #2781**)
- Practicum In Prevention Domains (**Form #2782**)
- Affidavit Regarding Work Experience (**Form #2783**)
- Convictions and Pending Charges (**Form #2252**), if applicable
- Malpractice Suits or Claims (**Form #2829**) and copies of malpractice suit, court documents with allegations and settlement, if applicable
- Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.

ARE YOU A VETERAN? If yes, please view the Department website at <http://dsps.wi.gov> under "License, Permits, and Registrations" and select "Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses" for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? ☐ Yes ☐ No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

If you qualify, are you requesting equivalency of your Military Training and experience? ☐ Yes ☐ No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

If you qualify, are you requesting Temporary Spousal Reciprocal License? ☐ Yes ☐ No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or www.WISVET.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select the "Professional Credential Renewal Information."

EDUCATION: (High school or equivalent)

Name of School or Equivalent

Location of School or Equivalent (Address)

Date of Graduation

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I AM OR HAVE BEEN LICENSED IN THE FOLLOWING STATE(S): (include all active and inactive states)

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For each credential listed above, you are required to have each State Board or territory of the United States submit a letter of verification to the Department of Safety and Professional Services. The verification letter(s) must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions.

Wisconsin Department of Safety and Professional Services

ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) if necessary)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license, certification, registration or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted of a misdemeanor or a felony, or do you have any felony or misdemeanor charges pending against you? If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition and complete Malpractice Suits or Claims (Form #2829).	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <div style="border: 1px solid black; height: 20px; width: 650px; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <div style="border: 1px solid black; height: 20px; width: 650px; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Is there anything that will prevent you from performing the essential tasks of this profession as generally understood in the profession and as defined in Wisconsin Statutes? If yes, give details on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- ☐ A citizen or national of the United States, or
- ☐ A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature: Date: / /